

HOME AND COMMUNITY-BASED SERVICES and  
TEXAS HOME LIVING  
**DAY HABILITATION SERVICES**

and

**NON-DAY HABILITATION SERVICES**  
ATTENDANT COMPENSATION RATE ENHANCEMENT

Enrollment Worksheet Instructions

July 1 – July 31, 2018

Enrollment for Levels to be Effective September 1, 2018

NOTE: These worksheets are provided for your own information and may be retained in your files for future reference. <b>Do not return</b> them to the Texas Health and Human Services Commission.
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For assistance with the completion of these forms, contact:  
[RAD-LTSS@hhsc.state.tx.us](mailto:RAD-LTSS@hhsc.state.tx.us) or 512-424-6637.

A project of  
the Texas Health and Human Services Commission

**INSTRUCTIONS**  
**HOME AND COMMUNITY-BASED SERVICES (HCS) and**  
**TEXAS HOME LIVING (TxHmL)**  
**DAY HABILITATION and NON-DAY HABILITATION**  
**SERVICES**

**Attendant Compensation Rate Enhancement**  
**Enrollment Worksheet**

**PURPOSE**

To allow providers to calculate HCS and TxHmL day habilitation (day hab) and/or non-day habilitation (non-day hab) spending requirements. This information can be used by providers to help them make an informed decision about participation in the enhancement program for their HCS and TxHmL habilitation services.

**REPORTING PERIOD**

Select a reporting period that is representative of your typical caseload and staffing and that is as close to the open enrollment period as possible. The reporting period may be of any length, although a minimum of one payroll period is recommended. For example, the reporting period might be one payroll period in June, one month (i.e., June 1 – June 30) or your most recent cost reporting period. To check for inconsistencies in your data and errors in your calculations, it is recommended that you complete worksheets for two different reporting periods at least three months apart and compare the results. Large variances indicate either an error in completing the worksheets or large fluctuations in caseload and staffing. Any such fluctuations should be taken into account when making your enrollment decision.

**CONDITIONS OF PARTICIPATION FOR DAY HABILITATION and NON-DAY HABILITATION**

The following conditions of participation apply to each HCS and TxHmL provider specifying its wish to have day hab and/or non-day hab services participate in the Attendant Compensation Rate Enhancement.

A provider who contracts with a non-related party to provide day hab and/or non-day hab services will report its payments to the contractor in a single cost report item as directed in the instructions for the cost report or accountability report. HHSC will allocate 50 percent of reported payments to the attendant compensation cost area for inclusion with other allowable day hab and/or non-day hab attendant costs in order to determine the total attendant compensation spending for day hab and/or non-day hab services as described in subsection(s) of this section.

HHSC will require each HCS and TxHmL provider specifying its wish to have day hab and/or non-day hab services participate in the Attendant Compensation Rate Enhancement to certify during the enrollment process that it will comply with the requirements detailed above.

### **INCLUDE ALL HCS and TxHmL CONTRACTS IN YOUR COMPONENT CODE**

A single HCS and TxHmL Day Habilitation and/or a single Non-Day Habilitation Services Attendant Compensation Rate Enhancement Enrollment Worksheet should be completed for all HCS and TxHmL contracts operating under your component code. Costs and units of service for HCS and TxHmL contracts operating under the component code should be aggregated and reported on this single worksheet.

### **DAY HABILITATION SERVICES VERSUS NON-DAY HABILITATION SERVICES**

For the HCS and TxHmL programs, for each component code, providers may choose to participate for non-day habilitation services only, day habilitation services only or both non-day habilitation and day habilitation services. The HCS and TxHmL day hab and non-day hab services worksheets are designed to help providers make an informed decision about participation in the enhancement program for their HCS and TxHmL day hab and/or non-day hab services.

### **PARTICIPATION AS AN INDIVIDUAL COMPONENT CODE OR AS A GROUP OF COMPONENT CODES**

Providers with more than one HCS and TxHmL component code must specify on their Enrollment Contract Amendment (ECA) whether they wish to have all their participating HCS and TxHmL component codes be considered as a group or individually for purposes related to the Attendant Compensation Rate Enhancement. In order to make an informed decision about group or individual participation, you may want to make copies of these worksheets, complete one for each individual component code, complete one for the group and compare the results. The definition of a group is available in Title 1 of the Texas Administrative Code §355.112(ee).

### **LEVELS OF ENHANCEMENT**

Contracted providers must request an enhancement level at which they want to participate for their HCS and TxHmL day hab and/or non-day hab services. For component codes participating as a group, the HCS and TxHmL habilitation level must be the same for all component codes within that group. The enhancement level does not have to be the same for HCS and TxHmL day habilitation services and HCS and TxHmL non-day habilitation services.

## **WORKSHEET FUNCTIONALITY**

The enrollment worksheets are fully functional and, if completed on-line, will perform all required calculations for you. If you choose to print the worksheets and fill them out by hand, you will be responsible for the accuracy of all mathematical calculations.

## **DEFINITIONS**

*ATTENDANT* – the unlicensed caregiver providing direct assistance to consumers with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). Attendants for day habilitation include direct care trainers and day habilitation drivers in the HCS and TxHmL programs. Attendants for non-day habilitation include direct care workers, medication aides and drivers providing HCS Supervised Living and Residential Support Services (SL/RSS), direct care trainers providing HCS Supported Home Living (SHL) services, direct care trainers providing TxHmL Community Support Services (CSS), direct care workers providing HCS and TxHmL respite services (RS), direct care workers and job coaches providing HCS and TxHmL Supported Employment (SE) services, and direct care workers and job coaches providing TxHmL Employment Assistance (EA) services.

### **The day-hab attendant may not perform any non-attendant functions.**

HCS SL/RSS attendants may perform some non-attendant functions. In such cases, the attendant must perform attendant functions at least 80 percent of his or her total time worked. Staff not providing attendant services at least 80 percent of their total time worked are not considered attendants. Time studies must be performed in accordance with Title 1 of the Texas Administrative Code (TAC) §355.105(b)(2)(B)(i) for staff that are not full-time attendants but perform attendant functions to determine if a staff member meets this 80 percent requirement. Failure to perform the time studies for these staff will result in the staff not being considered attendants.

Attendants do not include the director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors, cooks and kitchen staff, maintenance and grounds keeping staff, activity director, Qualified Developmental Disability Professional (QIDPs), assistant QIDPs, direct care worker supervisors, direct care trainer supervisors, job coach supervisors, foster care providers, and laundry and housekeeping staff.

*ATTENDANT CONTRACT LABOR* – Non-staff attendants. Non-staff refers to personnel who provide services to the day habilitation center intermittently, whose remuneration (i.e., fee or compensation) is not subject to employer payroll tax contributions and who perform tasks routinely performed by employees.

*COMPENSATION* – Attendant compensation is the allowable compensation for attendants defined in 1 TAC §355.103(b)(1) and §355.722 and required to be reported as either salaries and/or wages, including payroll taxes and workers' compensation, or employee benefits. Benefits required by §355.103(b)(1)(A)(iii) to be reported as costs applicable to specific cost report line items are not considered attendant compensation. Examples of such costs are the provider's unrecovered cost of meals provided to attendants; the provider's unrecovered cost of uniforms provided to attendants and employee relations expenses such as gift cards given to employees, and the cost of employee parties, plaques, etc.

Allowable contract labor costs are defined in 1 TAC §355.103(b)(2)(C).

Mileage reimbursement paid to the attendant for use of his or her personal vehicle which is not subject to payroll taxes is considered compensation for purposes of the Attendant Compensation Rate Enhancement.

*NON-DAY HABILITATION SERVICES* – Non-day hab services include HCS SL/RSS, HCS SHL/CFC, TxHmL CSS, HCS and TxHmL RS, HCS and TxHmL SE and EA.

## HCS & TxHmL Day Habilitation (Day Hab) Services - Worksheet

### **STEP 1 – Enter required data**

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for “cents”). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

If day habilitation services are provided by related-party contractors, the terms “provider” and “employer” as used for Boxes A through J below, refer to the day habilitation contractor.

Units of service are the units of HCS and TxHmL day habilitation service provided during the selected reporting period.

Box A – Day Habilitation Attendant Salaries and Wages (including drivers): report accrued salaries and wages for day habilitation attendants and drivers employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted. Drivers and staff members functioning in more than one capacity are not considered attendants for HCS and TxHmL day habilitation attendant compensation rate enhancement purposes and their salaries and wages should **not** be included on this worksheet. See Definitions section for more information on who qualifies as an attendant.

Box B – FICA and Medicare: report employer-paid FICA and Medicare taxes for day habilitation attendants and drivers. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box C – State and Federal Unemployment: report both federal (FUTA) and state (TUCA) employer-paid day habilitation attendant and driver unemployment expenses. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box D – Workers’ Compensation Insurance Premiums: report premiums for workers’ compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries for day habilitation attendants and drivers. Workers’ compensation premiums may be allocated based upon percentage of eligible salaries.

Box E – Workers’ Compensation Paid Claims: report medical claims paid for employee on-the-job injuries for day habilitation attendants and drivers. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box F – Employee Health Insurance: report employer-paid health insurance for day habilitation attendants and drivers. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box G – Employee Life Insurance: report any employer-paid life insurance for day habilitation attendants and drivers. **Employer-paid life insurance costs must be direct costed.**

Box H – Other Employee Benefits: report any employer-paid disability insurance and retirement contributions for day habilitation attendants and drivers. **These benefits must be direct costed.** The contracted provider’s unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box I – Mileage Reimbursement: report the mileage reimbursement paid to a day habilitation attendant for use of his/her personal vehicle which is not subject to payroll taxes.

1/1/2017 through 12/31/2017 = 53.5 cents per mile

1/1/2018 through current = 54.5 cents per mile

Box J – Day Habilitation Attendant Contract Labor: report the total costs for contract labor individuals functioning as day habilitation attendants. See the Definitions section for a definition of reportable contract labor.

Box K – Total Day Habilitation Attendant Cost – sum boxes A through J.

NOTE: All monetary calculations in Steps 2 – 4 should be carried out to **two decimal places**. If you complete the spreadsheets on your computer rather than on printed sheets, many of these calculations will occur automatically after you enter values in Step 1.

**For Steps 2-3, refer to HCS-TxHmL Day Hab page 2 to obtain the day habilitation attendant rates for the selected Attendant Compensation Rate Enhancement level.**

**STEP 2 – Calculate average day habilitation attendant cost per unit of service**

Column A – Program and LON Day Habilitation Units of Service: For each program and LON, enter in Column A the units of service provided during your selected reporting period as reported in Step 1. Do not include "Private and Other" units of service.

Box L – Total Units of Service: sum column A.

Column B – Selected Day Hab Attendant Rate Component from Page 2: Select a level and enter the rate for the selected level for the HCS & TxHmL Day Habilitation Units of Service entered in Column A.

Column C - For each program and LON, multiply the units of service from Column A by the selected day habilitation Medicaid attendant rate. Enter the products in Column C.

Box M – Total Day Hab Attendant Revenue per LON: Sum column C.

Box N – Divide total day habilitation attendant costs from Box N by total units of service from Box S. Enter the result in Box M. This is your estimated day habilitation attendant cost per unit of service during the selected reporting period.

**STEP 3 – Calculate the estimated Medicaid day habilitation attendant rate spending requirement for the selected level for day habilitation services during the selected reporting period.**

Enter total day habilitation revenue from Box O and multiple it by 90%. Enter the product in box P. This is the estimated day habilitation attendant spending requirement per unit of service for the selected reporting period.

**STEP 4 - Calculate what the estimated average Medicaid day habilitation attendant compensation payment rate component for your component code.**

Enter the total Day Hab attendant costs from Box K and enter the Day Hab Spending Requirement from Box M. Subtract the estimated Day Hab spending requirement from the total Day Hab cost, enter in box Q. This is the spending increase that is required to meet the selected level for the selected reporting period.



<b>HCS &amp; TxHmL Non-Day Habilitation (Non-Day Hab) Services - Worksheet</b>
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**STEP 1 – Enter required data**

Round all monetary amounts in Step 1 to the nearest whole dollar (with no zeros included for “cents”). For example, \$25.49 should be rounded to \$25 and \$25.50 should be rounded to \$26.

Box A – HCS SL/RSS Attendant Staff Wages Attendant Salaries and Wages (including driver and medication aide). Report salaries and wages for HCS SL/RSS Attendant Staff (including driver and medication aide) employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted.

Box B – HCS SHL/TxHmL/CFC CSS/CFC Attendant Wages. Enter wages the HCS SHL/TxHmL/CFC CSS/CFC Attendants employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted.

Box C – HCS & TxHmL Respite Attendant Wages. Enter wages the HCS & TxHmL Respite Attendant employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted.

Box D – HCS & TxHmL Supported Employment Attendant Wages. Enter wages the HCS & TxHmL Supported Employment Attendant employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted

Box E – HCS & TxHmL Employment Assistance Attendant Wages. Enter wages the HCS & TxHmL Employment Assistance Attendant employed by the provider and for whom FICA contributions are made. Salaries and wages include overtime, cash bonuses and cash incentives paid from which taxes are deducted

Box F – FICA and Medicare: Enter the employer-paid FICA and Medicare taxes for wages reported in boxes A through E. FICA and Medicare taxes may be allocated based upon percentage of eligible salaries.

Box G – State and Federal Unemployment: Enter both federal (FUTA) and state (TUCA) employer-paid unemployment expenses for the select period. Unemployment expenses may be allocated based upon percentage of eligible salaries.

Box H – Workers' Compensation Insurance Premiums: Enter the premiums for workers' compensation insurance, industrial accident policies and other similar types of coverage for employee on-the-job injuries. Workers' compensation premiums may be allocated based upon percentage of eligible salaries.

Box I – Workers' Compensation Paid Claims: Enter the medical claims paid for employee on-the-job injuries. Paid claims may be allocated based upon percentage of eligible salaries or direct costed.

Box J – Employee Health Insurance: Enter employer-paid health insurance. **Employer-paid health insurance premiums must be direct costed.** Paid claims may be allocated based on percentage of eligible salaries or direct costed.

Box K – Employee Life Insurance: Enter any employer-paid life insurance. **Employer-paid life insurance costs must be direct costed.**

Box L – Other Employee Benefits: Enter any employer-paid disability insurance and retirement contributions. **These benefits must be direct costed.** The contracted provider's unrecovered cost of meals and room and board furnished to direct care employees, uniforms, job-related training reimbursements and job certification renewal fees are **not** to be reported as Other Employee Benefits.

Box M – Mileage Reimbursement: Enter the mileage reimbursement paid to a day habilitation attendant for use of his/her personal vehicle which is not subject to payroll taxes.

1/1/2017 through 12/31/2017 = 53.5 cents per mile

1/1/2018 through current = 54.5 cents per mile

Box N – Total Attendant Cost – Enter the total for boxes A through N.

NOTE: All monetary calculations in Steps 2 – 4 should be carried out to **two decimal places**. If you complete the spreadsheets on your computer rather than on printed sheets, many of these calculations will occur automatically after you enter values in Step 1.

**For Steps 2-3, refer to HCS-TxHmL Non Day Hab page 2 to obtain the day habilitation attendant rates for the selected Attendant Compensation Rate Enhancement level.**

**STEP 2 – Calculate average day habilitation attendant cost per unit of service**

Column A – Program and LON Non-Day Habilitation Units of Service: For each program and LON, enter in Column A the units of service provided during your selected reporting period as reported in Step 1. Do not include “Private and Other” units of service.

Box O – Total Units of Service: Enter the total units for column A.

Column B – Selected Day Hab Attendant Rate Component from Page 2: Select a level and enter the rate from HCS-TxHmL Non Day Hab page 2 for the selected level for the HCS & TxHmL Non-Day Habilitation Units of Service entered in Column A.

Column C - For each program and LON, multiply the units of service from Column A by the selected non-day hab attendant rate. Enter the products in Column C.

Box P – Total Non-Day Hab Attendant Revenue per LON: Sum column C.

Box Q – Divide total non-day hab attendant costs from Box N by total units of service from Box O. Enter the result in Box Q. This is your estimated day habilitation attendant cost per unit of service during the selected reporting period.

**STEP 3 – Calculate the estimated Medicaid non-day hab attendant rate spending requirement for the selected level for non-day habilitation services during the selected reporting period.**

Enter total day habilitation revenue from Box P and multiple it by 90%. Enter the product in box R. This is the estimated non-day hab attendant spending requirement per unit of service for the selected reporting period.

**STEP 4 - Calculate what the estimated average Medicaid day habilitation attendant compensation payment rate component for your component code.**

Enter the total Non-Day Hab attendant costs from Box N and enter the Non-Day Hab Spending Requirement from Box R. Subtract the estimated Non-Day Hab spending requirement from the total Day Hab cost, enter in box S. If the amount is a negative number, this is the spending increase that is required to meet the selected level for the selected reporting period.

**Things to consider when making your participation decision**

The following list is not all-inclusive and there may be other facts to consider in deciding whether or not to participate.

1. Compare your attendant cost per units of service with the average attendant rates (Columns B) and the required attendant spending (Columns C) for each enhancement level. At which enhancement level is your attendant cost per unit of service most comparable?
2. At which level of enhancement will you feel most comfortable, taking into consideration recoupment for failure to meet spending requirements?
3. Consider the impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses.
4. Consider the impact of paying higher wages on the quality of care you deliver to your clients.
5. Consider whether any improvements in the quality of care you deliver would lead more clients to select your agency to provide their services, thus leading to a higher utilization rate (i.e., more units of service) for your agency.
6. Consider your total operational costs against the total rate to determine your ability to meet the attendant spending requirements.